Patient Consent Form

This consent form should be retained by the corresponding author and should not be sent to Infect Chemother journals.

To be completed by the corresponding author:

Title of article, photograph, video, or audio:

Name of author submitting material:

Corresponding author’s affiliations and address:

Manuscript reference number, if known (e.g. IC-19-001): *

To be completed by the patient (s)/patients’ relatives or guardians:

I give my consent for all or any part of this material to appear in print and online versions of Infect Chemother journals under an open access license.

I understand that:

• My name will not be published with the material and Infect Chemother will endeavor to ensure my anonymity. However, despite Infect Chemother’s best efforts, I understand that it is possible that somebody, for example members of my family or the health care staff who have looked after me, may recognize me from the image and/or the accompanying text.

• I have reviewed (OR I have been offered the opportunity, but I waive my right to review) all materials (photographs, video, or audio files) in which I am included that will be published.

• Use/re-use of my material may include (without limitation) publication, sharing and adaptation of the material in print and electronic editions of Infect Chemother journals, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other works or products if proper accreditation/citation of the original publication is given.

• I cannot revoke this consent once I have signed this consent form.

Signed: ______________________ Date: ______________________

Print name: ______________________

If you are not the patient, what is your relationship to him/her?

Witness: ______________________ Date: ______________________